

# Late Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> JOBSPAC, A BI-PARTISAN COALITION OF CALIFORNIA EMPLOYERS			<b>Date of This Filing</b> 11/01/2012  <b>Report No.</b> LIER# 259  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)  <b>No. of Pages</b> 2	<b>Date Stamp</b>       <b>Page 1 of 2</b>	<b>CALIFORNIA FORM 496</b>  For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>		<b>I.D. NUMBER (if applicable)</b> 911819			
<b>STREET ADDRESS</b>					
<b>CITY</b> SAN RAFAEL	<b>STATE</b> CA	<b>ZIP CODE</b> 94901			

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> CHRIS NORBY			<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b>			
<b>OFFICE SOUGHT OR HELD/DISTRICT NO.</b> State Assembly Person District 65	<b>SUPPORT</b> X	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b>	<b>JURISDICTION</b>	<b>SUPPORT</b>	<b>OPPOSE</b>

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/31/2012	ESTIMATED COST OF MAILER	\$5,507.50
10/31/2012	CONSULTING	\$500.00

Reason for Amendment:

# Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA**  
**FORM 496**

NAME OF FILER  
JOBSPAC, A BI-PARTISAN COALITION OF CALIFORNIA EMPLOYERS

I.D. NUMBER (If applicable)  
911819

## 3. Contributions of \$100 or More Received\*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
10/31/2012	ASSOCIATION OF CALIFORNIA LIFE & HEALTH INSURANCE POLITICAL ACTION COMMITTEE SACRAMENTO, CA 95814  ID: 761012	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	If loan, enter interest rate, if any  _____ %
10/31/2012	ASSOCIATION OF CALIFORNIA LIFE AND HEALTH INSURANCE COMPANIES ISSUES COMMITTEE Sacramento, CA 95814  ID: 1252378	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	If loan, enter interest rate, if any  _____ %
10/31/2012	DISABILITY PAC, SPONSORED BY ASSOCIATION OF CA LIFE & HEALTH INSURANCE PAC SACRAMENTO, CA 95814  ID: 1252379	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	If loan, enter interest rate, if any  _____ %
10/31/2012	HEALTH NET, INC. AND ITS AFFILIATED ENTITIES SACRAMENTO, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00	If loan, enter interest rate, if any  _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any  _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any  _____ %

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 496 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
866/275-3772